

Reg#:		
Insp#		

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APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR APARTMENTS

MUST BE COMPLETELY FILLED OUT **DARTMOUTH CONDOS**

A DDDECC.				
ADDRESS:				
OWNER:	PHONE:			
PHYSICAL ADDRESS:				
(NO P.O. BOXES)				
E-MAIL ADDRESS:				
	PHONE :			
OCCUPANCY DATE:	<u> </u>			
CONTACT NAME FOR INSPECTION: _	PHONE:			
DATE RECEIVED	office use only			
DATE OF INSPECTION:	office use only			
A CHECK OR MONEY ORDER PAYABLE T				
BUREAU MUST ACCOMPANY THIS APPLICATION AND MUST BE SUBMITTTED UNDER THE FOLLOWING PAY SCHEDULE PRIOR TO OCCUPANCY DATE:				
ELEVEN (11) + WORKING DAYS	\$ 60.00			
FOUR (4) TO TEN (10) WORKING DAYS				
THREE (3) TO ONE (1) WORKING DAYS	\$161.00			
PLEASE USE THE INSPCTION GUIDELINE TO	DELIMINATE THE NEED FOR A REINSPECTION.			
	REINSPECTIONS. EXPEDITE RE-INSPECTIONS IS			
AN ADDITIONAL \$25.00	I CHOULD CHECK THE FOLLOWING			

SMOKE DETECTORS CARBON MONOXIDE DETECTOR

APARTMENT # RANGE & OVEN RUGS/HARDWOOD

ELECTRICAL OUTLET COVERS RAILINGS ON STEPS **WALLS**

WINDOWS HOT WATER REFRIGERATOR FIRE EXTINGUISHERS GENERAL CONDITIONS TOILETS FLUSH